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Substitute for form 149	19 A & D/J 10		Application Number	NOT YET ASSIGNED		
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STAT	TEMENT BY	Y APPLICANT	Filing Date	December 04, 2001 Chiaki GOTO		
			First Named Inventor			
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	•		Examiner Name	NOT YET ASSIGNED		
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Examiner Initials*		Number	Kind Code <sup>2</sup> (if known)	MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	MM-DD-YYYY	Applicant of Cited Document	Translation <sup>6</sup>
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